

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/553765
APPLICANT(S)

FILING DATE
10.19.05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		10				
5		1				
6		1				
7		1				
8		1				
9		1				
10			1			
11				1		
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50						
TOTAL IND.			1	1		
TOTAL DEP.		1	9	1		
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1		
TOTAL DEP.		1	9	1		
TOTAL CLAIMS			10			